



# Open Enrollment Form

## Retiree

This form confirms your healthcare plan(s) for the upcoming plan year. Please provide all the information below. **NOTE: Additional enrollment forms may be required to complete your request.**

### 1. Retiree Information (please print)

Legal Name (Last, First, MI)	Date of Birth
Mailing Address (Street, Apt. #, City, State, Zip)	
Email	Phone Number

### 2. Benefit Plans - I Select the Following:

<p><b>Medical Plans</b></p> <p><input type="checkbox"/> Kaiser HMO</p> <p><input type="checkbox"/> Anthem Blue Cross HMO Select</p> <p><input type="checkbox"/> Anthem Blue Cross HMO Traditional</p> <p><input type="checkbox"/> Anthem Blue Cross PPO</p> <p><b>Retiree Status</b></p> <p><input type="checkbox"/> Retiree ONLY</p> <p><input type="checkbox"/> Retiree + 1</p> <p><input type="checkbox"/> Retiree + Family</p> <p><input type="checkbox"/> DECLINE MEDICAL COVERAGE</p>	<p><b>Dental Plans</b></p> <p><input type="checkbox"/> Delta Dental HMO</p> <p><input type="checkbox"/> Delta Dental PPO</p> <p><b>Retiree Status</b></p> <p><input type="checkbox"/> Retiree ONLY</p> <p><input type="checkbox"/> Retiree + 1</p> <p><input type="checkbox"/> Retiree + Family</p> <p><input type="checkbox"/> DECLINE DENTAL COVERAGE</p>	<p><b>Vision Plans</b></p> <p><input type="checkbox"/> VSP</p> <p><b>Retiree Status</b></p> <p><input type="checkbox"/> Retiree ONLY</p> <p><input type="checkbox"/> Retiree+ 1</p> <p><input type="checkbox"/> Retiree + Family</p> <p><input type="checkbox"/> DECLINE VISION COVERAGE</p>
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### 3. Dependent Information

Dependent	Name (Last, First, MI)	Benefit
Spouse*		<input type="checkbox"/> Medical <input type="checkbox"/> Dental
* Legal documentation might be required.		<input type="checkbox"/> Vision
Domestic Partner*		<input type="checkbox"/> Medical <input type="checkbox"/> Dental
* Legal documentation might be required.		<input type="checkbox"/> Vision
Child		<input type="checkbox"/> Medical <input type="checkbox"/> Dental
		<input type="checkbox"/> Vision

<b>Retiree's Signature:</b>	<b>Date:</b>
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